2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 08, 2007 8:00 am Secretary of State

5.

DOCUMENT # P06000147 1. Entity Name SIGN SHACK UNLIMITED, CORP.	7947				05-03-200	17 90029	03/ ***	*150.00
Principal Place of Business	Mailing Address			1				
1740 E ROAD	1740 E ROAD			,				
SUITE B' Loxahatchee, FL 33470 US	SUITE B Loxahatchee, Fl. 33-	470 I	us					
LOADINGIEL, IL 35470 63	LOWING COLL, IL 33	7/0 1	w	i artien a de	IAMAA		en in a	MIN
2. Principal Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #. etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		05012007	Chg-P	CR2E03	4 (12/06)	
City & State	City & State	City & State		4. FEI Number 20 - 59	4 <i>5</i> 32	y		pplied For ot Applicable
Zip Country	Zip	Coun	try	5. Certificate of	Status Desired		8.75 Add ne Require	
6. Name and Address of Current	Registered Agent			7. Name and A	idress of New R	egistered Aç)erd	
MILETEAD MALOPLE			Name					_
MILSTEAD, MALORI J 1740 E ROAD SUITE B			Street Address (P.O. Box Number i	s Not Acceptable	p)		
LOXAHATCHEE, FL 33470								
			City			FL	Zip Cod	le
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registere	L ed office or register	red agent, or both,	in the State of Flo		miliar with,	and accept
SIGNATURE								
Signature, typed or printed name of registered agent	ena mare e appacaçãos. (HAC) 11	C. PROPERTY.	d Agent signeture required	when reinstation()		DATE		
								
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Finan	ncing _ \$5.	.00 May Be ed to Fees				
	Trust Fund Cont	ign Finan	ncing _ \$5.	.00 May Be ed to Fees	ANGES TO OFF	ICERS AND D	XRECTOR	S IN 11
After May 1, 2007 Fee will be \$550.	Trust Fund Cont	ign Finan ribution.	icing \$5.	.00 May Be ed to Fees	ANGES TO OFFI		DIRECTOR	S IN 11
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execuple this report as required by Chapter 607, Florida Statutes; and that my name eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE: M. M. W. C. F. S. 10 E. T. 10 E. T. 11 E. T. 12 E. 13 O I O T. (Std.) 753 · 222.1